



STATE AND CONSUMER SERVICES AGENCY
ATTN: COMMENTS/COMPLAINTS
915CAPITOL MALL, SUITE 200
SACRAMENTO, CA 95814
916-653-4090

CITIZEN'S COMMENT/COMPLAINT FORM

PLEASE USE A SEPARATE FORM FOR EACH COMMENT/COMPLAINT

The Consumer Complaint Act of 1997 requires the State and Consumer Services Agency to provide a method for use by California citizens to submit comments/complaints.

PERSON FILING COMMENT/COMPLAINT:	WHICH DEPARTMENT IS THIS COMMENT/COMPLAINT ABOUT?
ADDRESS: (NUMBER AND STREET)	PERSON WITH WHOM YOU DEALT:
CITY, STATE AND ZIP	LOCATION OF ABOVE (Sacramento, District Office, etc.)
TELEPHONE NUMBER: (8am-5pm, include area code)	TELEPHONE NUMBER(S): (Include area code)
DO YOU WANT TO REMAIN ANONYMOUS? YES NO	If you wish to remain anonymous, we may not be able to address your specific issue. Every effort, however, will be made to do so without revealing your identity.

DESCRIBE YOUR COMMENT OR COMPLAINT (Be specific - who, what, when, where, how):

Mail this completed form to the address listed on the top of this form.

SIGNATURE

DATE